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THE MEDICAL PROFESSION'S
OBLIGATION TO THE
PATIENT

In the Team-Work of the Hospital Prescribed by Present-Day Methods in Diagnosis and Treatment There Are New Obligations That the Profession Must Consider.

BY HENRY A. CHRISTIAN, M. D.,
Boston.

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An address delivered before the
Catholic Hospital Association at its
Second Annual Meeting held in
Milwaukee, Wisconsin, June 9, 1916.

The following is a list of the
names of the persons who
were present at the
meeting held on the 1st of
January 1900.

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Among the varieties of opinions held about most medical matters, there is one about which I fancy no dispute has ever arisen among physicians. This is, that the medical man owes it to his patients in and out of the hospital to give to them without stint the best of service that he can render. Here lies the obligation of the medical profession to its patients. How to accomplish this is one of our continuous problems, for whose solution many different methods are advised.

When your secretary suggested that I take as my topic, "The Medical Profession's Obligation to the Patient Who Needs Hospital Care," I willingly assented, for, like you, I am interested deeply in how to accomplish the best care of our patients. My views as to the best methods may not be your views, and, yet, to present them must stimulate further consideration, which in the end will lead to progress.

No medical man can give to his patients the best product of medical knowledge unless he is a well-trained man. Our obligation to our patients begins, then, with the obligation to provide amply endowed, well-equipped, and adequately manned schools of medicine in which our future medical men may be trained. The hospital holds a large share in this, for there is a mutual obligation that exists between school, hospital, and patient. The hospital requires the existence of the school to train its interns and staff. The school without the hospital is as the carpenter without a tool. The patient is the cause of the existence of the hospital and school; were he not in need of medical service, the hospital and school would have no occasion to exist; the patient should be willing, then, to use himself for medical education in recognition of this circle of obligations. If these obligations exist,

it is equally true that each of the parties to the obligation is benefited in this relationship—the patient most of all. To you, as hospital representatives, I would say, ally yourselves just as soon as you can with the best possible medical school; make no difficult conditions; a full and free offer on your part will benefit hospitals and patients. You have far too much to gain to justify quibbling over conditions of union. If you will run over in your minds the names of the hospitals of the world which are most famous, you will find that they are largely teaching hospitals. In them patients have, on the average, the best service because the student, at his heels, is the greatest stimulus to careful observation and treatment of patients by the visiting physician and surgeon. Students in the wards furnish additional eyes for observation and more hands for work. As I go about the country I see far more inferior medical attention and careless nursing work in hospitals where there are no students than elsewhere. But you say, not every hospital can be attached to a medical school. That is true, but those so unfortunate as to be unable to do so can become teaching centers for house officers, nurses, and the practicing physicians of their community. If, as a hospital, you have not something to give to these, as a hospital you should shut up shop, for you are no longer a good hospital. If your staff does not contain men who can teach this group, then you have failed to get the best available men for your work. I often hear managers of hospitals complain because they secure only mediocre house officers and nurses of inferior quality. It seems to me that when this condition exists, it means that you have an inferior visiting staff. Do not complain of your inferior interns and nurses; instead, ask for several resignations from your staff. Fill these vacancies with better men, to attract better house officers and better nurses. Realize that, if young graduates of medicine and prospective nurses do not care to come to you, the cause lies in a weak staff or an indifferently equipped institution.

A well-equipped, adequately manned hospital plant is another phase of our obligation to patients. Without equipment, your staff cannot work effectively; nor can you with ordinary equipment expect to retain the services of a high-grade staff. Obviously, too, patients receive the best professional service in hospitals with good equip-

ment, and inferior service where equipment is inadequate. Too often do hospitals pretend to render a service for which they are not equipped. I do not regard as a hospital, in the proper sense of the word, any institution which is not prepared to carry out a large part of the methods of diagnosis and treatment, medical or surgical, now in use in hospitals such as are attached to high-grade medical schools. This means comfortable wards and rooms, efficient nurses, a trained dietitian, complete operating plant, x-ray plant, laboratories with various apparatus, resident house staff, and competent visiting staff, including specialists. Then, each hospital must be prepared to add equipment for new methods as they develop. Without these the so-called hospital is but a nursing home or place for surgical operations. These latter have their place especially in those communities in which hospitals are not possible, but it is dishonest for them to pose as hospitals and admit patients, expecting study and treatment of the hospital type. I regret to say that our terminology, as in use, does not distinguish between various grades of hospitals. There are many institutions calling themselves nursing homes, sanatoriums, etc., which are doing honestly all they pretend to do, and there are institutions calling themselves hospitals which, recognizing their limitations of equipment, make no pretenses and take only such patients as they can manage. Unfortunately, however, there are many hospitals, so-called, which are pretending to do diagnosis and complicated therapy for which they are not prepared. To these are admitted patients who believe they will receive a real hospital service. This is a fraud on the public, and should not be tolerated. There is need for hospital standardization, and this association should undertake such work. If you do, you, like all other hospital associations, will have to eliminate from your ranks a number of institutions, or classify them as associate members not entitled to membership, because they do not come up to your standards of what a hospital should be. Perhaps such an elimination might be very difficult for an association such as yours, but difficulties should not deter you from such a move. Most assuredly there were great obstacles put in the way of classification of medical schools, and yet the work has been done with the result of enormous improvement in medical education. The same can and should be accomplished for hospitals.

Were I asked to express an opinion today as to the average greatest weakness of our American hospitals, I would say that it lies in an insufficient equipment for diagnosis and treatment other than surgical treatment. This is particularly true of the smaller hospitals—less true of the large metropolitan institutions. I think it can be fairly stated that American hospitals have better equipped operating plants for their surgeons than laboratory and therapeutic plants for their physicians. I do not mean to imply by this that the surgeons have more than they need—rather that the physicians have less than they require. The laboratory, hydrotherapeutic and mechanotherapeutic apparatus, and the diet kitchen prepared to furnish accurately weighed diets, should bear the same cost relation to the medical service as is borne by the surgical operating rooms and surgical instruments. Ward equipment, number of house officers, x-ray plants, nursing force, etc., should be and generally are coordinate for medical and surgical services. If the hospitals of the country spent the same amount of money for the medical as they now spend for the surgical service, there would be a marked increase in the efficiency of hospital work, particularly along the lines of accurate diagnosis, and more skilled therapeutic management of nonoperable conditions. I am inclined to think that the physicians themselves are responsible for existing conditions. They have not been, as a rule, so progressively aggressive as our surgeons. In many instances they have been slow to recognize the importance of utilizing newer laboratory tests and mechanical aids in treatment. Our lack of these therapeutic aids is very general, and probably is a cause for the success of many of the forms of medical quackery in America. To the visitor in a foreign clinic, one of the most striking things in contrast to our American hospitals is the greater expenditure of money for hydrotherapeutic, mechanotherapeutic, and electrotherapeutic apparatus, and for diagnostic laboratories, and the great usefulness of these in their management of their sick. It would seem that one of your obligations to the patients needing hospital care is to improve the equipment put at the service of the physician, as compared with the surgeon, without at the same time decreasing the facilities that the surgeon now enjoys.

Another thing that should be carefully studied by hospital associations is the question of the amount of time

that can be demanded of the members of the staff. Modern medical methods are time-consuming. The brief casual ward visit is inadequate to render to the patient in the hospital what he should receive. If more time is demanded of the visiting staff, adequate ways of remunerating the staff members must be worked out. How this is to be done will, of course, vary with the nature of the hospital, relative number of pay and free patients, the size of the community, whether the staff is a limited one or whether the hospital is open to the physicians of the community who may care to send patients to the hospital, etc. The fundamental point is that large amounts of time cannot be with justice demanded of visiting staff unless directly or indirectly they receive remuneration for their services. On the other hand, if some means of securing this time is not worked out, the visiting staff necessarily will neglect the patients, and the hospital will fail to meet its obligations to its patients. One way of obtaining better professional attention for the hospital patient lies in having a larger resident staff, some of whom remain in service for a considerable period of time, receiving a salary in addition to board and lodging. For the larger hospitals this sort of an arrangement is almost essential if the hospital is to remain an efficient institution. It seems to me certain that salaries for hospital staffs will soon come to be general rather than the exception. The out-patient staff, above all, needs to be paid.

If these conditions are met, then the institution can secure a high-grade staff, and demand of that staff a very considerable amount of work in the institution. The selection of this staff is an all-important matter. With the best of tools, good work cannot be produced unless the workers are competent. Careful selection of the staff is needed. Seniority promotion necessarily introduces stagnation into an institution. Any form of local limitation carries with it an inability to get the best available men. Your sectarian hospitals, more than any others, are handicapped in this matter just in so far as you allow religious beliefs to influence appointments. To the other handicaps, such as seniority promotion, the necessity of taking only local men on the staff, etc., from which all hospitals may and many do suffer, you have added the further limitation of sectarianism in just so far as you limit your staff to members of your own church. Often a

man may be the best man available and at the same time of the religious belief of a sectarian institution. Very often, however, this is not the case, and as you look about the country you see sectarian institutions of various beliefs carrying on their staffs men who must have been selected on account of their religious belief. Obviously they were not selected on account of their professional attainments.

Just this same principle applies also in the selection of headnurses, pupil nurses, teaching nurses, etc. The sisterhoods that conduct, in part, your hospitals are great blessings to you, for they bring to you conscientious workers, unsalaried, and so you obtain many workers at less cost than is the case with competing nonsectarian hospitals. Necessarily, however, this system introduces the element of inelasticity and the tendency to employ in positions people not thoroughly suited for the posts. Thus often you must put square pegs into round holes, with the result that you have a misfit. This must be recognized as a defect in your system, against which you must be constantly guarding to reduce it to a minimum. I am speaking frankly on this subject from the point of view of an outsider who has worked in institutions manned by members of Catholic sisterhoods. In my association with the work of a sisters' hospital I have come in contact with wonderfully efficient, effective women, and yet it must be acknowledged that in the same way I have seen women doing the wrong work; their unfitness recognized by their superiors, but their superiors confronted with the difficulty of finding a place for these unsuitable people elsewhere, and the difficulty of securing within the order desirable workers in their places. Every superior in a hospital must often be confronted with just this problem. How well they can meet the problem will be a large factor in determining the efficiency of the nursing and administrative side of your hospitals. Whenever this part of the institution deteriorates in efficiency, the patients must suffer proportionately, and the institution fail in this respect to meet one of its obligations to its patients. What I have just said about sectarian institutions, I have put to you in a personal way. I want to make it clear, however, that this is a fault no more of Catholic than of any other sectarian institutions. Methodist, Presbyterian, Episcopal, and Deaconess hospitals are all confronted with this same handicap.

Very many of the hospitals of this country have too expensive buildings. By this I mean that, of their available money, too much has been put into land and buildings and too little reserved as an endowment fund for current expenses. Beautiful buildings are highly desirable from an esthetic viewpoint, provided the institution can afford them. Even for these it might be remembered that costly trimmings are not so beautiful as plain lines delicately adjusted to perfect symmetry. It is not what is on the outside of a hospital building, but what is within—both brains and equipment—which makes for perfected service to our patients. Not the buildings, but the work done, will make or unmake the reputation of the hospital. I know of costly hospital buildings in which I should hate to be compelled to be a patient because of inefficiency within their marbled halls, while in contrast some of our best hospital service is rendered to patients in buildings of relatively small construction cost. I would say to those of you who are building new hospitals or making extensive new additions that you owe an obligation to your future patients to leave of your money an ample amount for current expenses, apparatus, staff, etc., for, if too large a proportion is spent on buildings, every patient within those walls will experience daily the result of your unwisdom because of lack of money to provide what is needed for his diagnosis, treatment, nursing, feeding, etc. Our tendency in the past certainly has been in the direction of proportionate overexpenditure on buildings, with consequent lack of money for current expenses and apparatus. It is surprising how great reduction can be made in the estimated cost of a group of buildings, without curtailing in any way their efficiency for caring for patients, if administrators, professional staff, and architects combine their efforts with the view to accomplishing the best provision for patients at a minimal cost.

Every hospital bears an obligation to teaching and investigation. I have already spoken of the value to the hospital of association with a medical school, or, failing in this, the importance of becoming a community teaching center. Members of a hospital staff should take an enthusiastic part in teaching interns and nurses, for, if this is not done, the patients will receive inferior service. Then, too, there is much value to the community in the education that patients in the hospital should receive. Where can better lessons be given as to personal hygiene

than in a clean, well-managed hospital ward? This phase of our hospital work we often undervalue or even neglect. In it the social service worker is an almost indispensable aid, but nurses, interns, visiting staff, consciously and unconsciously, in their daily routine are carrying out an educational procedure for the patients effective in ratio to the efficiency of their work.

Every hospital, too, must be a place for medical investigation. Careful observation of hospital patients under conditions of disease and their reaction to forms of treatment is possible to every hospital, even the smallest. The accumulation of such observations, when well made, is of value as adding to our stock of human knowledge. By such work methods of treatment, etc., can be evaluated and improved. Often very important contributions to medical knowledge have come from small hospitals, and even from private practice. The spirit of inquiry in medical men is a powerful stimulus to progress, and, without it, stagnation is almost inevitable. Hospital medical investigation means, above all, careful observation. Careful observation, whatever its avowed purpose, will bring out new facts in every patient so studied. The results of observation determine diagnosis; the more complete and the more accurate the observation, the more nearly correct will become the diagnosis. Treatment, in a large measure, succeeds in ratio to the accuracy of the diagnosis. The patient seeks the hospital for diagnosis and treatment, and so medical investigation within the hospital walls, besides stimulating progress in the staff, is of direct benefit to the individual patients. So you, as hospital officers, should take steps to encourage and make possible medical investigation in your institutions.

Catholic hospitals have had a long and honored past. They have contributed much to medical science and medical progress. Your sisterhoods have brought untold alleviation to sick and suffering humanity. For this work I salute you. Your past achievements bring to you a heavy obligation for continued growth and improvement. This association can accomplish much in furtherance of this development if, with honest criticism of yourselves, you face the future with the determination to mold your hospitals to the requirements of the present and the progressive development of medical science and practice. May you ever keep in the forefront of the great struggle against sickness and disease.

